

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90459 001 ***150.00

DOCUMENT # S54691

1. Entity Name

DAN LOWE CONSTRUCTION, INC.

Principal Place of Business

**38520 CALVIN AVE
 ZEPHYRHILLS FL 33540
 US**

Mailing Address

**38520 CALVIN AVE
 ZEPHYRHILLS FL 33540
 US**

2. Principal Place of Business

38520 CALVIN AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS FLA

Zip

33540

Country

US

City & State

ZEPHYRHILLS FLA

Zip

33540

Country

US

4. FEI Number

59-3070442

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HOFFA, GLORIA

**4430 W. WALLACE AVE
 TAMPA FL 33611**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	SEALEY, DOUGLAS	
STREET ADDRESS	38520 CALVIN AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	P	<input type="checkbox"/> Delete
NAME	SEALEY, JAMES T	
STREET ADDRESS	38520 CALVIN AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	S	<input type="checkbox"/> Delete
NAME	STROMBERG, HARON	
STREET ADDRESS	6028 VILLAGE WALK APTS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES T. SEALEY 7/30/02 813-997 3491

Date

Daytime Phone #

CR2E034 (9/01)